COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Date/Time Stamp
SECRETARY OF THE SEMATE
PUBLIC RECORDS
2019 SEP - 4 PM 1: 48

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

| Name of Traveler: Malcoln Muchay | |
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| Employing Office/Committee: Sen wyden | |
| Travel Expenses Paid by (List all sources): Campion Advacacy find | |
| Travel Date(s): June 29, 2019 - July 3, 2019 | |
| Description/Title of Attached Forms: Euroloyee Post-Travel Disclower | |
| of travel Expenses form. | |
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| Purpose of Amendment (describe the reason for amending original submission): | |
| from so the Signature provided on the line titled "Sign | nature |
| of Supervising Senator/officer' is Sen. Wyden's signature | |
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| 914/2019 | |
| (Date) (Signature of Fraveler) | |

| Employee Post-Travel Disclosure of Travel Expenses Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building. In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or be reimbursed/paid for me. I also certify that I have attached: B The original Employee Pre-Travel Authorization (Form RE-1), AND A copy of the Private Sponsor Travel Certification Form with all attachments (itinerary, invited list, etc.) Private Sponsor(s) (list all): Campion Advocacy Fund Travel date(s): June 29, 2019 - July 3, 2019 Name of accompanying family member (if any): N/A. Relationship to Traveler: Spouse Child IF THE COST OF LODGING OOSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.) Expenses for Employee: Transportation Expenses Chamber Sponsor of Costs in EMPLOYEE EXPENSES. (Attach additional pages if necessary.) G Good Faith Sponsor Spouse or Dependent Child (if applicable): Transportation Expenses Actual Amount Transportation Expenses Contine Expenses Chamber Sponsor (Amount & Description) G Good Faith N/A N/A N/A N/A N/A N/A Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.): Met with Alaska Native leader from Gwich'in Steering Committee and Fairbanks tourism business owners, visited area proposed for oil development in Arctic National Wildlife Refuge. Please see attached itinerary. | | | | | |
|--|--|---|---------------------------|-----------------------------|--|
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| Name of accompanying family member (if any): N/A | | • | • | | ry, invitee list, etc.) |
| Name of accompanying family member (if any): Relationship to Traveler: Spouse Child | Private Sponsor(s) (list | tall): Campion Adv | ocacy Fund | | |
| Name of accompanying family member (if any): N/A. Relationship to Traveler: | Travel date(s): June 2 | 29, 2019 - July 3, | 2019 | | |
| Transportation Expenses | Relationship to Travelous IF THE COST OF LODG INCLUDE LODGING CO | er: D Spouse D GING DID NOT INCR COSTS IN EMPLOYEE | Child REASE DUE TO THE AC | | • |
| □ Good Faith | Expenses for Employe | Transportation | Lodging Expenses | Meal Expenses | · |
| Transportation Expenses Code | Estimate | <u>-</u> | \$302 | dinner and breakfast before | \$1,300 (primarily for guide service, also includes simple meals at camp in ANWR |
| Expenses Good Faith N/A N/A N/A N/A N/A | Expenses for Accomp | anying Spouse or Do | ependent Child (if appli | cable): | l |
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| 111 | | _ | | | · |
| 9/4/19 Malader Merean MI-Mh | visited area propos | sed for oil developr | nent in Arctic Nationa | al Wildlife Refuge. | Please see attached itinerary. |
| [[] MIA] | 9/4/19 | Malculer | Mrean | 111- | Signature of traveler) |

I have made a determination that the expenses set out above in connections with travel described in the *Employee Pre-Travel Authorization* form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

9/4/2019 (Date)

TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

(Signature of Supervising Senator/Officer)

(Revised I/3/11)